(ग) उद्योग द्वारा दिये गये स्वैच्छिक प्रस्ताव के परिणामस्वरूप उपभोक्ताओं के हितों को ध्यान में रखते हुये यह करार उद्योग और सरकार के बीच किया गया है ।

समाचार एजेंसियों/पत्रकारों के लिये रियायती रेलवे कूपन

1581. **श्री सत्य प्रकाश मालवीय :** क्या रेल मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि उन्होंने जून, 1984 में मद्रास में मद्रास यूनियन आफ जर्नलिस्टस के प्रतिनिधि मंडल को स्पष्ट आश्वासन दिया था कि समाचार एजेन्सियों तथा समाचार पत्रों के पत्रकारों को यात्रा करने के लिए रेल विभाग रियायती रेलवे कूपन जारी करेगा ; और

(ख) यदि हां, तो पत्रकारों को कूपन कब तक उपलब्ध करा दिए जायेंगे ?

रेल मंत्री (श्री ए० बी० ए० गनी खान चौधरी) : (क) और (ख) इस मामले पर सक्रिय रूप से विचार किया जा रहा है ।

Centrally sponsored programme for eradication of diseases

1582. SHRI M. BASAVARAJU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Ninth Joint Conference of the Central Council of Health and the Central Family Welfare Council held at New Delhi in 1983 had recommended that National Leprosy Control Programme, the National T.B. Control Programme and the National Malaria Eradication Programme should be fully sponsored by the Centre;

(b) whether Government have formulated the requisite programmes;

(c) if so, what are the details thereof; and

(d) if not, by when these are likely to be formulated?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUDBEN M. JOSHI): (a) Yes.

(b) to (d) National Leprosy Eradication Programme is already a IOO per cent centrally sponsored scheme and the entire expenditure is being met by the Government of India. As far as the National TB Control Programme is concerned it is being implemented on 50:50 basis between Centre and the States. The expenditure on account of drugs to voluntary sector is being met entirely by the Central Government. Same is the case with the National Malaria Eradication Programme the expenditure on which is also being shared on 50:50 basis between the Centre and the States. Based on the recommendation of the Central Council of Health and the Central Family Welfare Council, the matter was taken up with the Planning Commission which had agreed to provide additional funds for procurement of drugs and equipments under National TB Control Programme and meeting full cost of Malathion which is the most costly insecticide without any liability to the States under the National Malaria Eradication Programme. The decision about the change in the pattern of financial assistance can only be taken by the National Development Council.

Introduction of Occupational Health Services

1583. SHRI M. BASAVARAJU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the details of steps taken for introduction of organised Occupational Health Services so as to reduce morbidity, disabilities and mortality, as envisaged in the National Health Policy; and

(b) if no steps have so far been taken, by when these are likely to be taken?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND

FAMILY WELFARE (MISS KUMUDBEN M. JOSHI): (a) and (b) Presently, reduction of morbidity and disability is implemented by early detection and treatment through the network of health services provided by the Employees State Insurance Corporation, Environmental hygiene measures which are also instrumental in reducing morbidity, disability and mortality are implemented through inspection services under the Acts of Factories, Mines and Plantation etc. administered by the Central & State Ministries of Labour. Most of the large industrial units in the private and public sectors have well developed occupational health services Which include periodic assessment of the work jenvironment, health of the workers and environmental hygiene measures. Researches into occupational health and environmental hygiene are also undertaken by the National Institute of Occupational Heaflth, Ahjmsdabad under the aegis of the Indian Council of Medical Research.

Reduction in Leprosy Cases

1584. SHRI M. BASAVARAJU: Win the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Ca) which are those areas where there has been and also those where there has not been much reduction in leprosy cases in the recent past, as assessed by his Ministry and

(b) what steps Government have taken for covering all the endemic areas so that no leprosy patient goes without getting proper medical treatment?,

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (MISS KUMUDBEN M. JOSHI): (a) The disease is showing a downward trend throughout the country in general as is evident from the decline in prevalence rate from 5.93 per thousand in 1,971 to 5.77 per thousand in 1981. A reduction is marked in the States having high endemic areas, such as, Andhra Pradesh, Tamil Nadu, West Bengal, UT of Lakshadweep and Pondicherry. State-wise position of prevalence rate is given in the annexure.

(b) Unaer the National Leprosy Eradication Programme, high endemic areas are being covered by establishment of special leprosy units and centres and moderate and low endemic areas by General Health Services for which supply of anti-leprosy drugs and training of personnel are provided to the States and voluntary organisations. Multi-drug therapy is being introduced in high endemic districts in a phased manner.

Annexure

State-wise prevalence rate of leprosy per thousand in India

State/U.Ts.	Prevalence rate of leprosy per thousan	
	as per 1971 census	as per 1981 census
1	2	3
1. Andhra Pradesh	14·45	11·72
2. Assam	0·82	0·75
3. Bihar	6·02	5·43
4. Gujarat	2·02	2·93
5. Haryana	0·10	0·07
6. Himachal Pradesh	4·34	1·64
7. Jammu and Kashmir	1·08	0·83